

BLOOMFIELD TOWN PLAN AND ZONING COMMISSION

RECEIVED
FEB 21 2023
PLANNING & ZONING
BLOOMFIELD, CT

Type of Application

- | | |
|--|-----------|
| <input type="checkbox"/> Site Plan | \$ 210.00 |
| <input type="checkbox"/> Revised Site Plan (addition or change to existing building or site) | \$ 210.00 |
| <input type="checkbox"/> Special Permit (public hearing required)* | \$ 260.00 |
| <input checked="" type="checkbox"/> Sign Permit** | \$ 110.00 |
| <input type="checkbox"/> Flood Management | \$ 160.00 |

* A sign must be posted on the site for ten days prior to the public hearing.

**Only if not previously presented as part of a site plan or special permit application.

ART effects, Inc dba ARTfx % SHAADY KESSING 860-242-0031
Applicant (to whom notices will be sent) Daytime Phone #

27 BRITTON DRIVE, BLOOMFIELD, CT 06002 SKESSING@ARTfxSIGNS.com
Mailing Address E-mail Address

STARNORTH ENTERPRISES LLC
Owner (if different from applicant) Daytime Phone #

25 NORTHWOOD DRIVE, BLOOMFIELD, CT
Owner's Address E-mail Address

Applying as ☐ Owner ☐ Developer ☐ Agent ☒ Other SIGN CONTRACTOR

Location of Site 25 NORTHWOOD DRIVE Zone I-2

Applicable Section(s) of the Zoning Regulations: 6.3.H.2, 6.3.L

Describe the proposed Special Permit: SIGN PERMIT APPLICATION FOR NEW FREESTANDING SIGN

Is the property located within 500 feet of a town boundary line? ☐ Yes ☒ No

[Signature] 2/13/23
Applicant's Signature Date

PLEASE SEE ATTACHED CONSENT
Owner's Signature (if different from applicant)

Read the attached list of procedures and complete the Disclosure Form for all applications.

CONFLICT OF INTEREST DISCLOSURE FORM

(This form is required for all applications and must be notarized. Complete all sections, indicate N/A if not applicable and use additional sheets if necessary. Full disclosure is required for a complete application. Incomplete applications will not be scheduled for a hearing).

LOCATION OF PROJECT: 25 NORTHWOOD DRIVE

NAME OF APPLICANT: ART effects, Inc. dba ARTfx C/O SHADY KESSING

IF APPLICANT IS OWNER OF RECORD, HOW LONG HAS HE/SHE OWNED THE PROPERTY ____ YEARS ____ MONTHS

NAMES AND ADDRESSES OF ALL PARTIES KNOWN TO HAVE AN INTEREST IN THIS APPLICATION/PROPERTY

OWNERS: STAR NORTH ENTERPRISES, LLC

25 NORTHWOOD DRIVE, BLOOMFIELD, CT

OPTIONEES: _____

OFFICERS, DIRECTORS AND MAJORITY STOCKHOLDERS OF CORPORATIONS LISTED ABOVE: _____

BENEFICIARIES OF ANY TRUST OR OTHER FIDUCIARY OWNERSHIP LISTED ABOVE: _____

TENANTS/PROSPECTIVE TENANTS: ASTRO AIRCOM

25 NORTHWOOD DRIVE, BLOOMFIELD, CT

ATTORNEYS, INCLUDING NAME OF LAW FIRM(S) AND PARTNERS: _____

FINANCIAL INSTITUTIONS OR OTHER FINANCIERS: _____

ENGINEERS, SURVEYORS: _____

ARCHITECTS: _____

BUILDERS: _____

CONSULTANTS: _____

OTHERS: SIGN CONTRACTORS : ARTfx

To the best of my knowledge, no one except those listed below has a financial interest in this application or the subject property who is an employee of the Town of Bloomfield, or an elected or appointed official of the Town of Bloomfield: _____

ART effects, Inc. dba ARTfx - Laurin Rosen, President
NAME OF APPLICANT

[Signature]
APPLICANT'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS 13th DAY OF February, 2023

NOTARY PUBLIC Commissioner of the Superior Court

Revised

Juris # 411186

9/10/09



Signs, Awnings, Lighting - Architectural Fabrication

27 Britton Drive, Bloomfield, CT 06002 • 860-242-0031 • 800-466-4278 • artfxsigns.com

State of Connecticut Licenses: Major Contractor - 0904088 • Electrical Limited Contractor - 0194288-C7

Owner consent for Sign Installation and Permits

I, DARIUSZ DEMUSZ, property owner / authorized representative of
(individual's name)

the property/tenant space located at

25 NORTHWOOD DR. BLOOMFIELD CT. 06002
(full street address + zip)

that is occupied by ASTRO AIRCOM
(tenant)

do hereby authorize Artfx to obtain permits and install signage at the above address.

Further, Artfx agrees that all work will be done in compliance with all applicable laws, codes, and ordinances, and any stipulations or restrictions listed on the permits.

Property Owner / Representative Name: DARIUSZ DEMUSZ
(print name)

Property Owner / Representative Address: 25 NORTHWOOD DR.
(print address)

BLOOMFIELD CT. 06002

Property Owner / Representative telephone: 860-688-3320

Property Owner / Representative email: DAREKJ@ASTROAIRCOM.COM

Signature: 

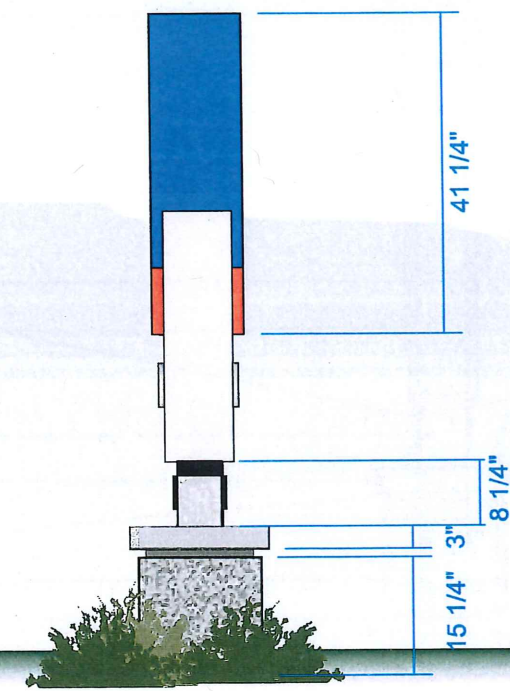
Name: DARIUSZ DEMUSZ
(authorized representative)

Date: 02-16-2023



Elevation - Monument Sign

Scale: 1/2" = 1'-0"



Side Elevation - Monument Sign

Scale: 1/2" = 1'-0"



27 Britton Drive, Bloomfield, CT 06002 | 860.242.0031 | 800.466.4278 | 860.242.2898 | artfxsigns.com
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Project Name:

Astro Aircom - 25 Northwoods Drive, Bloomfield, CT

Job#:

60112

Scale:

As Noted

Date:

2/9/23

Artist:

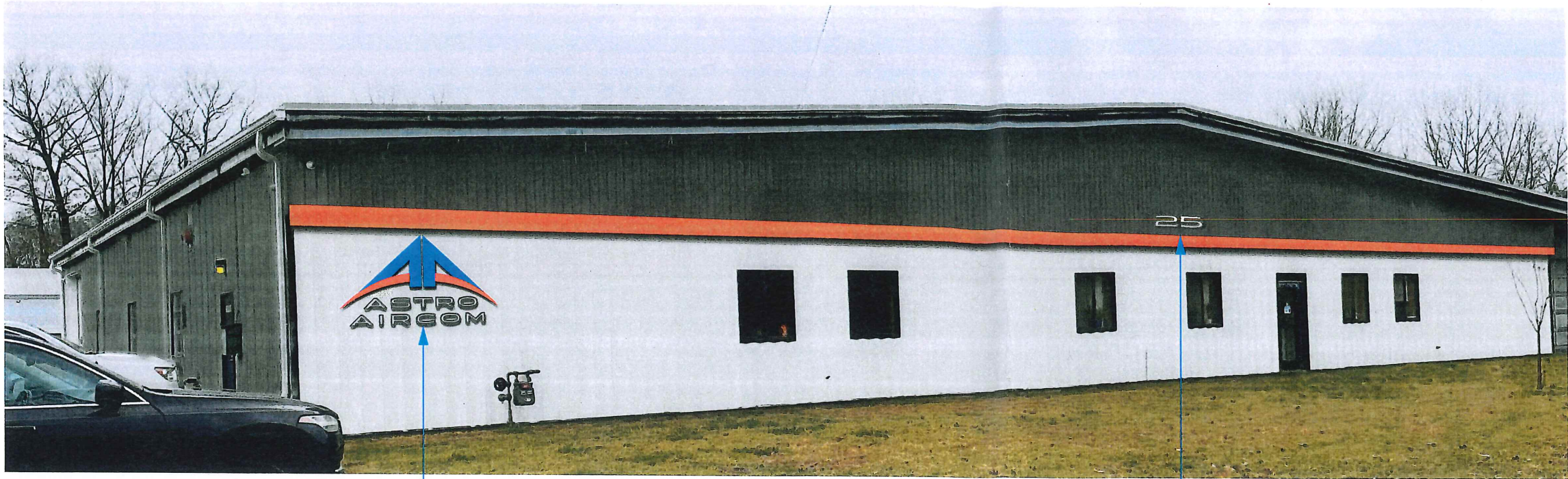
BS

Salesperson:

LR

Page:

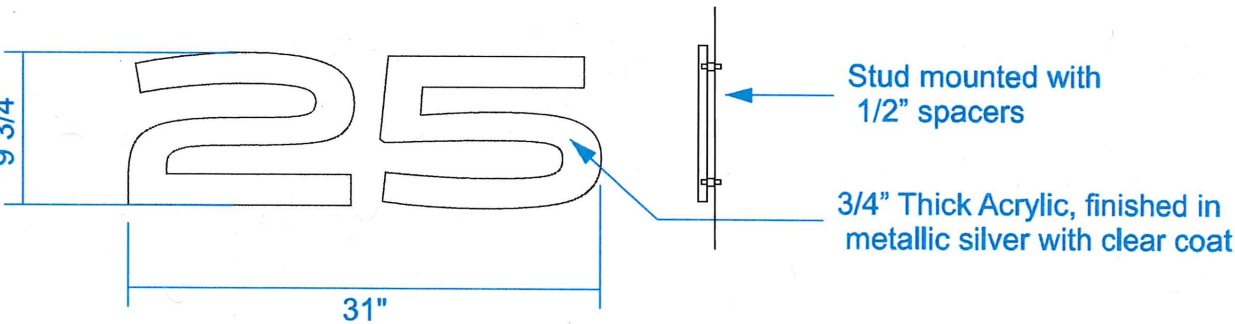
1



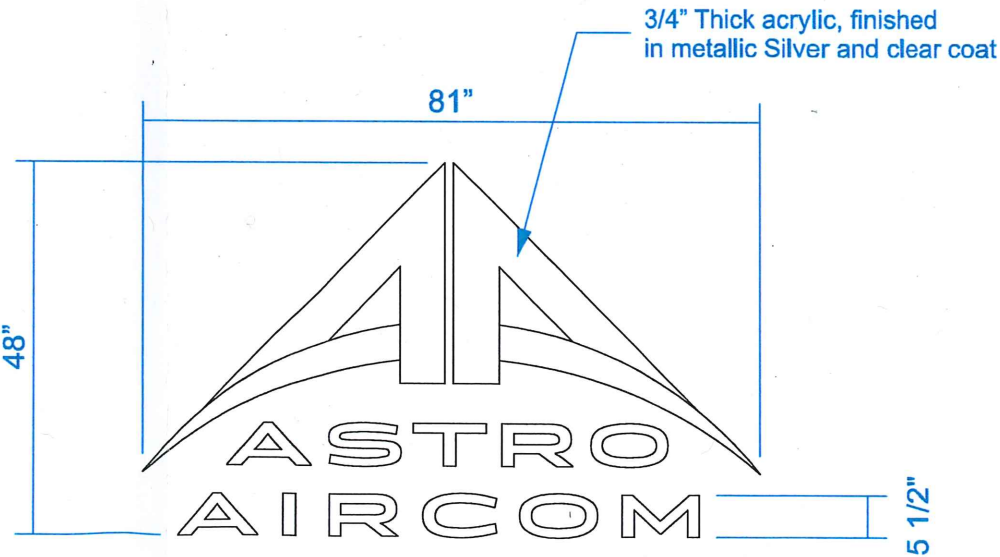
Building Render

Non-illuminated stud mounted letters
(Wall Mounted Letters Detail)

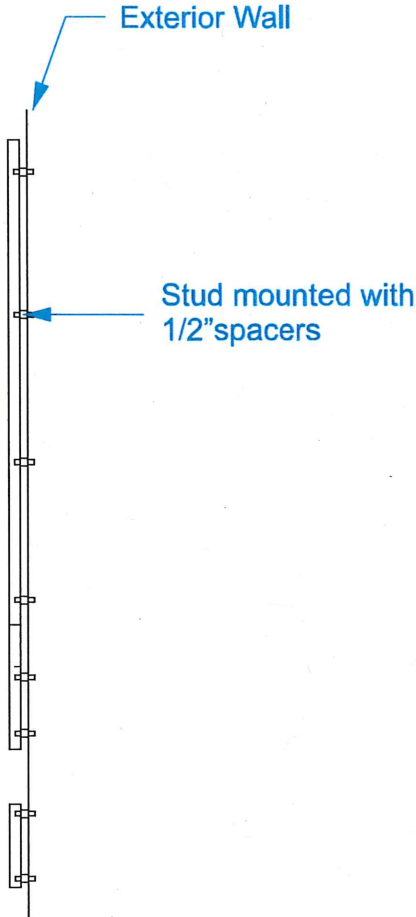
Non-illuminated stud mounted letters
(see Address Letters Detail)



Address Letters Detail
Scale: 1" = 1'-0"



Wall Mounted Letters Detail
Scale: 1/2" = 1'-0"



Wall Mounted Letters
Scale: 1" = 1'-0"



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Project Name:	Job#:	Scale:	Date:	Artist:	Salesperson:	Page:
Astro Aircom - 25 Northwoods Drive, Bloomfield, CT	60112	As Noted	2/9/23	BS	LR	3

